APPENDIX B

Hazardous Materials Inventory



NEW YORK STATE DEPARTMENT OF STATE OFFICE OF FIRE PREVENTION AND CONTROL

HAZARDOUS MATERIALS REPORT FORM (General Municipal Law, § 209-u)

The information entered herein is essential to your local fire chief for the protection of your employees, the firefighters and citizens in the immediate area, and to reduce damage to your property in the event of a fire or an emergency.

Every fire insurance policyholder, engaged in commerce in this state, is required by law to report the presence of hazardous materials at their business address.

Failure to file in accordance with the provisions of section 209-u of the General Municipal Law could result in a fine.

A separate report is required annually for each business address.

WHEN COMPLETED, THIS FORM MUST BE SENT TO YOUR LOCAL FIRE DEPARTMENT.

	Hazardous Materials Location*
Firm Name ALLIEDSIGNAL-FLUORGLAS PROS	Street Add. Only 14 MCCAFFREY STREET
Bus. AddP.O. BOX 320	Bidg. Name or No. MCCAFFREY STREET
City, State, Zip HOOSICK FALLS, NY 12090	City, State, Zip HOOSICK FALLS, NY 12090
Tel. No518-686-7301	Policy Anniv. Date 8-10-94
Name of Emergency Contact P.J. BEAUMONT/KEN BROWNELI (Signature and Title of Po	Myr. Satury
*It is suggested that a separate form be filled out for each building that	contains hazardous materials.
EXEMPTIONS	
Requests for exemptions from this law must be made i your local fire department not later than the anniversary d	n writing, attached to this form, and filed annually with late of your policy.
All exemptions approved shall expire on the next policy a	
Exemptions denied shall require that the insured file a coof denial.	ompleted hazardous materials report form within 15 days
FOR FIRE DEPARTMENT USE ONLY	
Exemptions: Approved Denied	Additional Information Needed
	(Signature of Fire Chief)
(Date)	loidingtor at the cities.
(Fire Department Name and Address)	(Print Name of Fire Chief)

V Hazardous Material Listing (attach additional sheets if necessary)
Note: Definitions of symbols are on the second page of the instruction sheet.

ntifying ,ymbol	Material Description & Proper Shipping Name	Total Amount	Identifying Symbol	Material Description & Proper Shipping Name	Total Amount
EXPLOSIVE)		-		OXYGEN BOTTLE	
(EDPLOSIVE)			NON FLAMMABLE GAS		
BLASTING			CAS		
AGENT		 			-
				LAB PACKS	lgal
1		 			1
POISON GAS			0X0002ER		1
		-	$\langle \cdot \rangle$		
	AMMONÍA HYDROXIDE	110GA		LAB PACK	1GAL
NCS204		 			
20071117			OREANC PEROXIDE		
BRITANT					
	LAR PACKS	50CAI			
3					
FLAMMABLE		 	RADIOACTIVE	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	LAB PACKS	50GAI		DCO ACID	60GAL
			100	OC605 GREEN DISPERSION	60GAL
COMBUSTIBLE	<u>}</u>		CORROSIVE		
TORID					
<u> </u>			•		
			ó¥.		
FLAMMABLE			DANGEROUS		
COLO			WE I		
Ŷ	AEROSOLS-VARIOUS	SCAT			
	ACETYLENE-BOTTLES	5GAL 1	め三		
FLAMMABLE		000GAI			
GAS			ETIOLOGIC AGENTS MONECUCAL MATERIAL MI CASE OF DAMAGE MI LEAKAGE MOTHEY DIRECTION COC ATLANTA, GEORGIA 494433-5313		
V			ATLANTA, CEONGIA 494/433-5313		
		000GAT	1		
1	PTFE DISPERSION 1,	OOOGAI			
L			L		

VI Special Considerations/Remarks:

V (Hazardous Material Listing (attach additional sheets if necessary)
Note: Definitions of symbols are on the second page of the instruction sheet.

Identifying Symbol	Material Description & Proper Shipping Name	Total Amount	Identifying Symbol	Material Description & Proper Shipping Name	Total Amount
ELASTING AGENT	>		WA LTWANTER	OXYGEN BOTTLE	
POISON EAS			OXIDIZER	LAB PACKS	1GAL
POSCIN	AMMONÍA· HYDROXIDE	11062	ORS AMC MEROXUDE	LAB PACK	lgal
ILAM MABLE LIQUID	LAB PACKS	50GAL	RADIOACTIVE		
63MBUSTIBLE	LAB PACKS	50GAI		DCO ACID OC605 GREEN DISPERSION	60GAL 60GAL
FLAMMABLE SOLD			DANGEROUS WEET		
	AEROSOLS-VARIOUS ACETYLENE-BOTTLES PROPANE 18,0	^ ^ ^ ~ 	ETIOLOGE AGENTS HOMEDICAL MATERIAL HICASE OF DAMAGE MI LEAKAGE HOTEF DRIECTION COC ATLANTA ECONOMIA 604/433-5313		
		000GAI 000GAI	494433-5313		

VI Special Considerations/Remarks: